

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF OSTEOPATHIC REGISTRATION
AND EXAMINATION

1033 So. Washington Ave., Lansing, Michigan 48926

APPLICATION FOR CERTIFICATE OF REGISTRATION

Please Type or Print. Attach additional sheets, if necessary.
You will be notified by mail of examination dates.

FEES: Examination \$35.00

Reciprocity \$75.00

LOS-01 (8/70)

Make check or money order payable, in U.S. currency,
to: STATE OF MICHIGAN - OSTEOPATHY

(Do not write in this space)

JUL -8 17 74304451 ***75



SEX ☒ Male ☐ Female

DATE OF BIRTH
(mo., day, yr.)

6-26-47

Social Security No.

TELEPHONE NO.

477-3938

ARE YOU A UNITED STATES CITIZEN

☒ Yes ☐ No

NAME (Last, First, Middle)

Rosenthal Alan Steven

ADDRESS (No. and street, city, state, zip code)

21347 Colwell Apt 22

Farmington Hills Michigan 48024

IF "NO", HAVE YOU DECLARED YOUR INTENTION TO
BECOME A U.S. CITIZEN

☐ Yes ☐ No

PLACE OF BIRTH (City, state)

New York City, New York

WHERE DO YOU INTEND TO LOCATE?

Michigan

A. EDUCATION (ENCLOSE PHOTOSTATIC COPY OF DIPLOMA FROM OSTEOPATHIC COLLEGE WHERE YOU GRADUATED)

HIGH SCHOOLS	Name of School	Address of School	Dates Attended		Graduation Date	Type, and date of Degree Granted or Credits
			From	To		
	North Miami Senior High School	Duner Blvd, North Miami, Florida	1962	1965	June 1965	XXXXX May 1969
	Tulane University	New Orleans, Louisiana	1965	1969	May 1969	B. A.
Pre- Osteopathic Colleges						
Osteopathic Colleges	Kansas City College of Osteopathic Medicine	Kansas City, Missouri	1969	1973	May 1973	May 1973 D.O.

OTHER
DEGREES
NONE

POST
GRADUATE
(List Courses)
NONE

B. TRAINING

INTERNE	Name of Hospital	Address of Hospital	Dates Attended	
			From	To
	Frederic - Robtford Osteopathic Hospitals Inc.	28050 Grand River Ave Farmington Hills, Michigan 48024	July 1, 1973	June 30, 1973
RESIDENCY				

C. EXPERIENCE

Names and Addresses of Places Where You Have Prac- ticed	Name	Address	Dates Practiced	
			From	To
	NONE			
	NONE			

*

D. OSTEOPATHIC LICENSES HELD

Name of State
Issuing License

Names of References in State
(Give two for each state)

Addresses of References

Tennessee

① C. H. Threlkeld, Jr., D.O.

C. H. THRELKELD, JR., D.O.
5144 WALNUT GROVE RD.
MEMPHIS, TN. 38117

② Paul Grayson Smith, D.O.

PAUL GRAYSON SMITH, D.O.
BOX-390
PIKEVILLE, TN. 37367

REFERENCES (List two practicing osteopathic physicians)

NAMES

ADDRESSES

Louis Spagnuolo, D.O.
Earl Hecker, D.O.

2850 Grand River Ave. Farmington Hills Michigan 48030
2850 Grand River Ave. Farmington Hills Michigan 48030

F. OSTEOPATHIC OR MEDICAL SOCIETY MEMBERSHIP

Name

Address

00-32780

212 East Ohio Street

American Osteopathic Association

Chicago, Illinois 60611

Michigan Association of Osteopathic (Healing)
Physicians and Surgeons

33100 Freeland Road
Farmington, Michigan 48030

1. Are you addicted to the use of intoxicants or narcotics?

YES ☐ NO ☒

2. Have you ever been refused examination by any state healing arts licensing board?

☐ YES ☒ NO

3. Have you ever failed examination given by any licensing board?

☒ YES ☒ NO

4. Have you ever been charged with, or convicted of a crime of the grade of felony or misdemeanor involving moral turpitude?

☐ YES ☒ NO

5. Have you ever had a license to practice any method of the healing art revoked for any cause?

☐ YES ☒ NO

6. Are you now, or have you ever been directly or indirectly associated with an advertising physician, or an advertising osteopathic or medical office?

☒ YES ☒ NO

7. Have you ever been rejected for membership by an Osteopathic Society?

☐ YES ☒ NO

8. Does your physical condition prevent you from satisfactorily practicing osteopathy?

☐ YES ☒ NO

IF ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, EXPLAIN FULLY, GIVING DATES, LOCATIONS AND CIRCUMSTANCES.

9. Do you understand that if issued the license asked for, it will be on the truth of the statements contained herein, which, if false, will subject you to criminal prosecution?

Yes ☒ No ☐

*** H. RECIPROCITY OR ENDORSEMENT**
(Submit photostatic copy of current license)

TO BE FILLED IN BY THE SECRETARY OF THE BOARD WHICH ISSUED THE LICENSE:

STATE OF TENESSEE

DATE

6/13/74

I certify that, to the best of my knowledge, the entries in this application are true. I believe that the applicant is worthy of endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination. The applicant's license has not been cancelled or revoked and is now in full force.

The applicant was examined by Term 3d Osteopathic Examination & Registration

(Name of State Board)

He received the following grades:

SUBJECT	GRADE	SUBJECT	GRADE
General average	87.2	Terminology Basic Science Certificate	88
Terminology	93	was not on the basis of	
Surgery	99	Report to 1st year	99
OB - Gyn	77	certified copy of the following	
Osteopathic Principles	85	grades is on file:	
Medicine	90	Anatomy	81
		Physiology	76
		Chemistry	83
		Pathology	83
		Microbiology	83

SEAL OF
STATE BOARD

I. RECOMMENDATION

(To be given by the officers of an osteopathic society, or if this is not possible, by two physicians who are members of an osteopathic organization)

We certify that, to the best of our knowledge, the entries in this application are true. The applicant is a member in good standing in this Osteopathic Society. We believe that the applicant is worthy of endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination.

NAME OF OSTEOPATHIC SOCIETY Michigan Association of Osteopathic Physicians and Surgeons, Inc. DATE July 2, 1974

SEAL OF
OSTEOPATHIC
SOCIETY

Maynard J. Arnelon, D.O.
(President's Signature)

John H. Morrison, D.O.
(Secretary's Signature)

(Signatures of two members of an osteopathic organization)

J. APPLICANT'S OATH

State of Michigan County of Calhoun

I, Alvin Stevens Paschall, hereby certify under oath that I am the person named on this application for license to practice osteopathic medicine and surgery in the State of Michigan: That all statements I have made therein are true; that the enclosed photo is a true one of me, and was made within the last sixty days; that, in consideration of the issuance to me of a license to practice osteopathic medicine and surgery in the State of Michigan, I hereby swear that I shall abstain from unethical advertising, as interpreted by the code of ethics of the American Osteopathic Association or the Michigan Association of Osteopathic Physicians and Surgeons, deceptive and fraudulent methods of practice and from the immoral, unprofessional and unethical conduct, and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and privileges that accrued to me thereunder.

Subscribed and sworn to before me this 2nd day of June, 1974
 Signed Alvin Stevens Paschall
 (Notary's Seal)
 Notary Public in and for Notary Public, Calhoun County, Michigan
ALVIN R. KLEBS
 My Commission Expires March 13, 1974

INSTRUCTIONS TO APPLICANTS

This application is a permanent record, write legibly. This application will not be received for examination unless Oath is sworn to.

This application must be accompanied by: (1) a fee of \$35.00 for examination, \$75.00 for reciprocity; (money order, draft or certified check payable in U.S. currency to State of Michigan - Osteopathy); (2) a recent (within 60 days) mounted photo not to exceed 2" by 2". Signature of applicant must be written across bottom of photo; (3) if reciprocity, a photograph or Photostatic copy of diploma and State license.

Dates of examination will be furnished by the Secretary.

A certified photograph or photostatic copy of diploma must be presented to the Secretary before starting examination.

Name -----
 Address -----
 Fee Received ----- For ----- Date -----
 Examination ----- Date -----
 Re-Examination ----- Date -----
 Certificate granted by Board (Date) ----- Date license issued -----
 Certificate No. ----- Date of interview -----
 Certificate sent by -----, Secretary

BOARD MEMBERS

1. ----- President
 2. ----- Secretary

NAME ROSENTHAL, ALAN STEVEN		LICENSE NO. R-6626		BIRTHDATE 6/26/47		COLLEGE ATTENDED KCCOM	
ADDRESSES 21347 Colwell, Apt. 22 Farmington Hills 48024		GRAD. DATE 1973		LIC. DATE 8/9/74		RECIPROCITY STATE Tennessee/Kentucky	
		EXAMINATION Date _____		RENEWALS Date _____		P.G. Credit _____	
		SCORES		Yr.			
Average		_____		_____		_____	
Anatomy		_____		_____		_____	
Bact.		_____		_____		_____	
Chem.		_____		_____		_____	
Diag.		_____		_____		_____	
E. Ent.		_____		_____		_____	
Embry. & Hist.		_____		_____		_____	
Gyn.		_____		_____		_____	
Hyg. & P.H.		_____		_____		_____	
Med. Juris.		_____		_____		_____	
Neuro Neu-Psy.		_____		_____		_____	
Ob.		_____		_____		_____	
Path.		_____		_____		_____	
Ped.		_____		_____		_____	
Phys.		_____		_____		_____	
Prin. & Prac.		_____		_____		_____	
Surg.		_____		_____		_____	
Tox. & Pharmaco.		_____		_____		_____	
Urol. & Syph.		_____		_____		_____	

DEPT. OF LIC & REG.
OSTEOPATHIC HISTORY CARD

LOS-30 (10/69)

☐ Complaints, Invest., etc.
on reverse side.

☐ Continued on reverse side.